

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1740

Registration District No. 73

Primary Registration District No. 3006

State File No. _____

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 750. 2ND ST. 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Don't Know (Specify whether years, months or days)

3. (a) PRINT FULL NAME SUSAN COMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jerry Comer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1841
(Month) (Day) (Year)

8. AGE: Years 99 Months 8- Days ? If less than one day _____ hr. _____ min.

9. Birthplace Calloway Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Harry Brown
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Verrett Campbell
(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calloway Cemetery

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

19. (a) 1/20/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia 1/2
(If outside city or town limits, write "RURAL")
(d) Street No. 7 So. 2nd St. 4
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16, 1941
4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1-15-41 to 1-16-41, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma R Breast

Due to _____
Due to 50

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 114

(Specify type of place)
(While at work?) (e) Means of injury _____

23. Signature Ed Mason (M. D. or other) D
Address 301 N. 5 St Columbia Mo Date signed 1-20-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Stuart P. Parker

Licensed Embalmer No. *2900*

P. O. Address *Columbia, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.